

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number KSD007246846		2. Page 1 of 1		3. Emergency Response Phone (800) 483-3718		4. Manifest Tracking Number 008091163 FLE							
		5. Generator's Name and Mailing Address Clean Harbors Kansas LLC 2649 North New York Street Wichita, KS 67219						Generator's Site Address (if different than mailing address) SAME							
		6. Transporter 1 Company Name ...						U.S. EPA ID Number ...							
		7. Transporter 2 Company Name ...						U.S. EPA ID Number ...							
		8. Designated Facility Name and Site Address Clean Harbors Lone Mountain LLC 40365 S County Road 236 Wavoka, OK 73860						U.S. EPA ID Number OKD065438376							
		Facility's Phone: (580) 697-3500													
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes					
						No.	Type								
	x	1. HA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, PG III				1		12	Y	F001	F002	F003			
		2.								F004	F005				
		3.													
	4.														
14. Special Handling Instructions and Additional Information 1. CH931502X08 ENG#171															
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.															
Generator's/Offeror's Printed/Typed Name						Signature			Month Day Year						
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:															
17. Transporter Acknowledgment of Receipt of Materials															
Transporter 1 Printed/Typed Name						Signature			Month Day Year						
Transporter 2 Printed/Typed Name						Signature			Month Day Year						
18. Discrepancy															
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection															
18b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number															
Facility's Phone:															
18c. Signature of Alternate Facility (or Generator) Month Day Year															
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)															
1. H132				2.				3.				4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a															
Printed/Typed Name						Signature			Month Day Year						

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number KSD007246846	2. Page 1 of 1	3. Emergency Response Phone (800) 483-3718	4. Manifest Tracking Number 008091163 FLE						
5. Generator's Name and Mailing Address Clean Harbors Kansas LLC 2549 North New York Street Wichita, KS 67219				Generator's Site Address (if different than mailing address) SAME							
Generator's Phone: (316) 269-7400				U.S. EPA ID Number EW0002050-25							
6. Transporter 1 Company Name STEVE FORLER				U.S. EPA ID Number							
7. Transporter 2 Company Name				U.S. EPA ID Number							
8. Designated Facility Name and Site Address Clean Harbors Lone Mountain LLC 40355 S County Road 236 Wynoka, OK 73860				U.S. EPA ID Number OKD065438376							
Facility's Phone: (580) 697-3500											
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers		11. Total Quantity	12. Unit WT./Vol.	13. Waste Codes			
				No.	Type			F001	F002	F003	
	1. NA3077, HAZARDOUS WASTE, SOLID, N.O.S., 9, PG III			1	NT	EST 16	Y	F004	F005		
	2.										
	3.										
4.											
14. Special Handling Instructions and Additional Information 1. CM831502X0B ERG#171 TR #117 TCH 525											
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.											
Generator's/Offor's Printed/Typed Name Jim Tyson				Signature <i>[Signature]</i>		Month 12		Day 11		Year 14	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____											
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name: Randy L. Bond Signature: <i>[Signature]</i> Month: 12 Day: 11 Year: 14 Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____											
18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection 18b. Alternate Facility (or Generator) Manifest Reference Number: _____ U.S. EPA ID Number: _____ Facility's Phone: _____ 18c. Signature of Alternate Facility (or Generator) _____ Month: _____ Day: _____ Year: _____											
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H132 2. _____ 3. _____ 4. _____											
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name: Randy Bond Signature: <i>[Signature]</i> Month: 12 Day: 11 Year: 14											